

VEHICLE INSURANCE CERTIFICATION

VIRGINIA DRIVER TRAINING SCHOOL

Purpose: To certify that motor vehicle(s) used by driver training schools to conduct behind the wheel instruction are insured with at least the minimum required amount of insurance.

Instruction: The insurance company or its authorized agent must complete this form and return it to the Commercial Licensing Work Center at the above address. The completed form may be faxed to (804) 367-2019.

SCHOOL/INSURANCE COMPANY INFORMATION			
SCHOOL NAME			
SCHOOL STREET ADDRESS	CITY	STATE	ZIP CODE
INSURANCE COMPANY NAME			
POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yyyy)	POLICY EXPIRATION DATE (mm/dd/yyyy)	

VEHICLE INFORMATION			
Attach additional sheets as needed.			
Make	Year	Vehicle Identification Number (VIN)	License Plate Number

INSURANCE COVERAGE	COVERAGE AMOUNT
Bodily injury or death of any one person	\$
Bodily injury or death of two or more persons in any one accident	\$
Property damage in any one accident	\$
Medical payment for each passenger	\$

CERTIFICATION			
<p>This is to certify that the above listed motor vehicle(s) registered to the above named school are insured with the amount of coverage indicated, by the named company which is authorized to do business in Virginia. This is to further certify that all policies include <u>uninsured</u> motorists coverage.</p> <p>It is agreed to by the insurance company that the Virginia Department of Motor Vehicles will be notified in writing at the address shown above not less than ten days before the policy(s) expires, or if the policy(s) is/are not maintained in full force.</p>			
AGENT NAME OR OFFICER OF INSURANCE COMPANY (type or print)		TELEPHONE NUMBER ()	
ADDRESS	CITY	STATE	ZIP CODE
PARENT INSURANCE COMPANY UNDERWRITER NAME		TELEPHONE NUMBER ()	